## 2017:05:08:08:00155954

FEC

## STATEMENT OF **ORGANIZATION**

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FORM 1					Office Use Only	AM 10: 09
NAME OF     COMMITTEE (in		Check if name s changed)	Example:If typing, type over the lines.	12FE4M5		• • • • • • • • • • • • • • • • • • •
U.S. Rena	Care PAC	<del>                                      </del>		<u> </u>		
ADDRESS (number a	nd street) 585	1 Legacy (	Circle, Suite 90	) )		
(Check if a is changed)		iO		TX	75024	
		C	CITY	STATE	ZIP COD	DE I
COMMITTEE'S E-MA  (Check if is change			mail address) usrenalcare.cor	<b>n</b>		
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)				
(Check if is change						
2.• DATE 0.	5 6.2 2	017				
3. FEC IDENTIFIC	CATION NUMBER	C.				
4. IS THIS STATE	MENT NEW	(N) OR	AMENDED (A)			
I certify that I have	examined this Statem	ent and to the best	of my knowledge and belief	it is true, correct	and complete.	
Type or Print Name	of Treasurer Joh	nn F. Egan	1			
Signature of Treasur	er	or T	Ly	Date 0	7 63	2017
NOTE: Submission of			may subject the person signing		·	U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FOF (Revised 02/	

	FEC Foi	rm 1 (Revised 02/2009)	Page <b>2</b>
TYF		OMMITTEE	
		Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
	ne of ndidate		, 
	ndidate ty Affiliatio	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	ľ
	ne of ndidate		
Pa	rty Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Po	litical A	ction Committee (PAC):	
(e)	$\boxtimes$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
			Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joi	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	v.		

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Write or Type Committee Nam	ne	
U.S. Renal Card	e PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
U.S. Renal Car	î <b>C</b>	
		<del> </del>
	15851 Leggew Circle Suite 900	
Mailing Address	[5851 Legacy Circle  Suite 900	
	Plano               TX   7	5024 ZIP CODE
Bolotionskin Co		· ·
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person	in possession of committee
Full Name Thom	nas L. Weinberg	
Mailing Address	5851 Legacy Circle, Suite 900	
	Plano 17X 17	5024
		<del></del>
Title or Position	CITY STATE	ZIP CODE
Custodian of Re	cords Telephone number	
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and to assistant treasurer).	he name and address of
Full Name of Treasurer	F. Egan	
Mailing Address	5851 Legacy Circle, Suite 900	
	Plano TX 7	502 <u>4</u>
	CITY STATE	ZIP CODE
Title or Position	1 <u>-</u> . ( 1	1
110030101	Telephone number	

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Full Name of Designated Agent	auren McDowell	
Mailing Address	5851 Legacy Circle, Suite 900	
	Plano TX [7]	75024   -
Title or Position Assistant Trea	ASURER Telephone number	]
safety deposit boxes Name of Bank, Depo	esitory, etc.	s, holds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds.	s, holds accounts, rents
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
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(3/2015)